



People Born Outside the United States

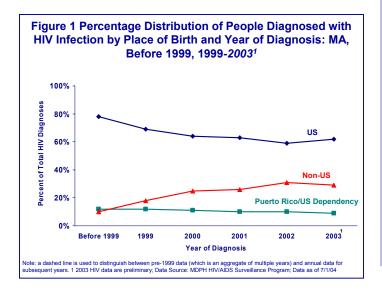
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Introduction

Immigrants and refugees, people born outside the United States, are estimated to make up 12% of the population of Massachusetts. With regard to origin, the refugee and immigrant population of Massachusetts is very diverse with almost every country in the world represented. Refugees and immigrants living with HIV/AIDS in Massachusetts are also a very diverse group (107 countries represented) and are predominantly people of color (90%). They accounted for 17% of people living with HIV/AIDS on July 1, 2004 and their proportional representation has been increasing over time. The proportion of non-U.S.-born among annual AIDS diagnoses increased from 9% in 1994 to 29% in 2003.

General Statistics:

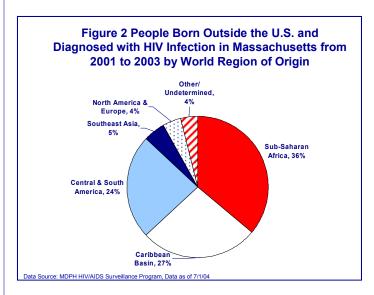
- Within the three year period 2001 to 2003, 773
 people born outside the U.S. were diagnosed
 with HIV infection, representing 29% of HIV
 diagnoses in Massachusetts during that time
 period.
- The proportion of HIV infection diagnoses represented by people born outside the U.S. has risen in the past 4 years from 18% in 1999 to 29% in 2003.



 As of July 1, 2004, there were 2,496 people living with HIV/AIDS who were born outside the U.S., accounting for 17% of people living with HIV/AIDS in Massachusetts.

World Region and Country of Origin:

 People born outside the U.S. and diagnosed with HIV infection from 2001 to 2003 were primarily from Sub-Saharan Africa (36%), the Caribbean Basin (27%), and Central and South America (24%).



 Among non-U.S.-born females recently diagnosed with HIV infection, 49% are from Sub-Saharan Africa compared to 27% of males, 31% are from the Caribbean Basin compared to 24% of males and 13% are from Central and South America compared to 32% of males.

The following five countries account for the largest numbers of non-U.S.-born people diagnosed with HIV infection in Massachusetts from 2001 to 2003:

Haiti	19%	(N=148)
Brazil	11%	(N=85)
Uganda	8%	(N=60)
Kenya	6%	(N=44)
Cape Verde	5%	(N=41)

Regional Distribution:

The largest proportions of people recently diagnosed with HIV infection who were born outside the U.S. are in the Metrowest (46%) and Northeast (40%) Health Service Regions (HSR). In all regions but the Western HSR, people born outside the U.S. represent more than 20% of all recent diagnoses. Among people living with HIV/AIDS, the Metrowest (29%), Boston (21%) and Northeast (21%) HSR have the highest proportions of non-U.S.-born.

Among cities with over 20 people diagnosed with HIV infection within the three year period 2001 to 2003, the following have the highest proportions of diagnoses among non-U.S.-born people (N=number of people diagnosed with HIV infection born outside the U.S.):

Chelsea	71%	(N=27)
Somerville	66%	(N=27)
Waltham	61%	(N=23)
Malden	59%	(N=27)
Lowell	57%	(N=51)
Framingham	55%	(N=17)
Everett	54%	(N=13)
Lynn	50%	(N=31)
Cambridge	49%	(N=26)
Revere	46%	(N=17)

Gender:

• Forty-two percent of the non-U.S.-born recently diagnosed with HIV infection are female (and 58% are male) compared to 24% of people born in the U.S. and 34% of people born in Puerto Rico and other U.S. dependencies (countries that are supported and governed by the U.S.). Among non-U.S.-born people living with HIV/AIDS, 39% are female compared to 25% of people living with HIV/AIDS born in the U.S. and 31% born in Puerto Rico and other U.S. dependencies.

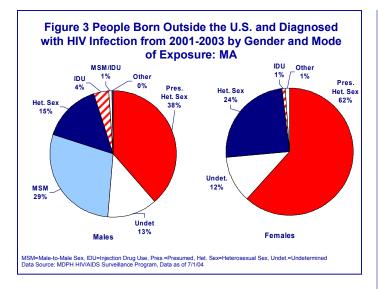
Race and Ethnicity:

 Among non-U.S.-born people diagnosed with HIV infection within the years 2001 to 2003, 10% are white (non-Hispanic), 61% are black (non-Hispanic), 22% are Hispanic, and 7% are Asian/Pacific Islander.

- Similarly, among non-U.S.-born people living with HIV/AIDS, 12% are white (non-Hispanic), 59% are black (non-Hispanic), 23% are Hispanic, and 5% are Asian/Pacific Islander.
- Seventy-eight percent of non-U.S.-born females recently diagnosed with HIV infection are black compared to 48% of males; 13% are Hispanic compared to 28% of males and 4% are white compared to 15% of males.

Exposure Mode:

- Among people born outside the U.S. and diagnosed with HIV infection within the years 2001 to 2003, 48% (N=374) were exposed to HIV through heterosexual sex with partners of unknown risk and HIV status (presumed heterosexual); 19% (N=145) identified the risk of their heterosexual partner and were classified as exposed through heterosexual sex; 17% (N=130) were exposed through male-to-male sex (MSM), while an additional 2% (N=19) were reported to have been exposed through their own injection drug use.
- Among non-U.S.-born people living with HIV/AIDS on July 1, 2004, the distribution of exposure modes is similar to that among non-U.S.-born individuals recently diagnosed with HIV infection. Forty-two percent (N=1,038) were exposed to HIV through heterosexual sex with partners of unknown risk and HIV status (presumed heterosexual); 21% (N=526) identified the risk of their heterosexual partner and were classified as exposed through heterosexual sex. Twenty percent (N=495) were exposed through male-to-male sex (MSM), while an additional 6% (N=140) were exposed through their own injection drug use.
- Among non-U.S.-born people with HIV infection and AIDS, a large proportion were classified with undetermined risk for HIV infection: 13% (N=98) of those recently diagnosed with HIV infection and 9% (N=234) of those living with HIV/AIDS. This represents challenges in the conversations with providers to ascertain behavioral risk information about non-U.S.-born individuals.



 Complete information about risk behaviors that provided exposure to HIV does not exist for nearly three-quarters of females born outside the U.S. and recently diagnosed with HIV infection: for 62% there was no information about the risk or HIV status of the male sex partner reported and for 12% there was absolutely no information about risk reported.

People Diagnosed with HIV Infection and AIDS within Two Months

People who already have AIDS when HIV infection is diagnosed (or develop AIDS within 2 months) represent a population that may have first learned about their HIV status late in the progression of HIV infection. It is likely that people who are diagnosed with both HIV infection and AIDS within two months have been infected for more time prior to learning their HIV status than people who learn their status earlier in the course of disease.

 Thirty-eight percent of people born outside the U.S. who were diagnosed with HIV infection within the years 2001 to 2003 already met the AIDS case definition when they were diagnosed (or did so within 2 months), compared to 27% of people born in the U.S. or a U.S. dependency.

Mortality with AIDS

 The proportion of deaths among people with AIDS who were non-U.S.-born people remained relatively steady from 1994 to 2003, fluctuating between 6% and 9%.

Data Source:

HIV/AIDS Case Data: Massachusetts Department of Public Health (MDPH) HIV/AIDS Surveillance Program, Data as of July 1, 2004

Additional References of Interest:

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Kathleen Ford, Galatea King, Lucila Nerenberg, Chris Rojo. AIDS Knowledge and Risk Behaviors Among Midwest Migrant Farm Workers. *AIDS Education & Prevention* 2001;13(6):551-560

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Freeman RC, Williams ML, Saunders LA. "Drug use, AIDS knowledge, and HIV risk behaviors of Cuban-American, and Puerto Rican-born drug injectors who are recent entrants into the United States." *Substance Use Misuse.* 1999, Nov; 34(13):1765-93.

For more detailed information and a description of data limitations please see "HIV/AIDS in Massachusetts: An Epidemiologic Profile," available online at www.mass.gov/dph/aids